

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER.

As per Merchant Shipping (Medical Examination) Rules 2000 and ISM / STCW code 1/9 and ILO convention 147 (MLC 2006)

DR. MIR MD. RAIHAN MBBS, (DU), DFM

RADICAL HOSPITAL LIMITED,

35 SHAH MAKDUM AVENUE, UTTARA, DHAKA-1230.

TEL: +88027920116, +88 01955567000. EMAIL: radical_hospitals@yahoo.com

Name: **SIDDIQUE MD SHOEIB**

Sex: **M**

Serial No: _____

Date of Birth: **11 / 10 / 1994**

PP/CDC: **C/O/8119**

Rank: **3/0**

Vessel: **HARRIS**

Type: **OIL TANKER**

Route: **W/W**

Home Address: **Bonwarinagar, Faridpur, Pabna**

Company Name: **BSM**

Medical History

Please answer the following to the best of your knowledge.

Is there any past / present history of any of the following	Candidate Declaration		Examiner Record			Candidate Declaration		Examiner Record	
	Yes	No	Yes	No		Yes	No	Yes	No
Severe one-sided headaches (Migraine)		/		/	Hernia / Hydrocoele / Appendicitis		/		/
Head Injury / Concussion / Loss of Memory		/		/	High / Low blood pressure / Heart disease		/		/
Fits / Epilepsy / Dizziness / Fainting		/		/	Asthma / Bronchitis / Tuberculosis		/		/
Eye / Vision Problems (Glasses, etc)		/		/	Allergy / Skin disease		/		/
Hearing Impairment		/		/	Infection / Contagious Disease		/		/
Ear / Nose / Throat problems		/		/	Addiction to alcohol / drugs / tobacco		/		/
Stomach / Bowel disorders		/		/	Fracture / Dislocation / Injury / Amputation		/		/
Gall stones / Kidney disorders		/		/	Major / Minor Operation		/		/
Jaundice / Liver Disease		/		/	Diabetes		/		/
Piles / Varicose veins		/		/	Nervous / Mental disease / Sleep disorder		/		/
Blood Disorder		/		/	Malignant disease (Cancer)		/		/
Female Disorder		/		/	Signed off on medical grounds / Declared Unfit		/		/
Notes									

Medical Examination

Height	Weight in Kgs	Chest	Insp-Exp	Blood Pressure in mm of Hg	Pulse--Beats / min	Resp. Rate / min	General Condition-							
175cm	78kg	40	21	110/70mm	78/min	14/min	Good							
Distant Vision	Uncorrected	Corrected	Field of Vision		Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal		Right Ear	dB	20	20	20					
Left Eye	6/6		Abnormal		Left Ear	dB	20	20	20				Yes	No
Colour Vision	Ishihara	Normal	Abnormal		Hearing	Right Ear				Left ear				
	Other	Normal	Abnormal			G				G				

Systemic Examination

Head & Neck	Normal	Abnormal	Notes FIT FOR SEA SERVICE AS AS PER MLC 2006 Enhanced GARD Medicals done	Respiratory system	Normal	Abnormal
Eyes	/	/		Cardiovascular system	/	/
Ears / Nose / Throat	/	/		Per Abdomen	/	/
Teeth / Oral Cavity	/	/		Genito-urinary system	/	/
Musculo-Skeletal system	/	/		Others	/	/
Nervous system	/	/		Hernia / Hydrocoele	/	/
Reflexes	/	/		Varicose Veins	/	/
Skin	/	/		Fissure/Fistula/Piles	/	/

Investigations

Blood	Result	Normal	Urine
Hemoglobin	12.9 gm%	14-16 gm %	Colour
Total WBC count	13,800 / cu.mm	4000-11000 / cu.mm	Specific Gravity
Neu. 88 % Lymph	10 % Eos 02 % Bas 02 % Mo 02 %		pH
Malarial parasite	NOT FOUND		Albumin
ESR	25 mm / 1st hour	1-15 mm / hr	Sugar
SGPT	25 U/L	9-43 U/L	Bile pigment
S.Cholesterol	NIE mg/dl	145-260 mg / dl	Bile salts
S.Triglycerides	NIE mg/dl	upto 200 mg /dl	Occult blood
Blood Sugar	RBS 71 PPBS-	upto 125 mg %	RBC cells
HbsAg	NOT FOUND		Leucocytes
HIV I & II	NOT FOUND		Others
VDRL	NOT FOUND		
Others		GGTP U/L	Spirometry: Normal
Blood Group			

PHOTO

ECG: **Normal** TMT: **NIE**

X-Ray Chest: **Normal**

Drugs of

Abuse: **None**

USG: **NIE**

Result of Medical Examination

On the basis of the examinee's history, clinical examination and diagnostic tests, I, Dr. MIR MD Raihan, hereby declare the examinee medically **Fit** / Unfit / Temporarily unfit / Permanently unfit / Should be re-examined in _____ days / weeks / months.

Remarks / Recommendations

I, Doctor's Name: **DR. MIR MD. RAIHAN** certify that all information required under Annexure E & F of M.S. (Medical Examination) Rules 2000 is incorporated in this Certificate.

This certificate is valid till: **04 OCT 2025**

Candidate's Signature: **Su**

Official Stamp

Doctor's signature: **[Signature]**

Date: **05-10-2023**



05 OCT 2023

04.2023.4900

DR. MIR. MD. RAIHAN
 MBBS (DU), DFM, CCD (Birdem), PGT (Opth)
 BMDC A-55144, MMC-BGD-016
 DG Shipping Bangladesh Approved
 General Physician
 Radical Hospitals Limited.



MARITIME AND PORT AUTHORITY OF SINGAPORE

ANNEX C

SEAFARER'S MEDICAL CERTIFICATE

This certificate is issued by the undersigned recognized medical practitioner to the named seafarer on behalf of the Maritime and Port Authority of Singapore and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006.

Seafarer's Name :(Last, first, middle) SIDDIQUE MD SHOEB		Gender: ☒ Male ☐ Female*
Date of Birth: (Day/month/year) 11/10/1994	Nationality: BANGLADESHI	Place of Birth: PABNA

Declaration of the recognized medical practitioner:

		Yes	No
1	Identification documents were checked at the point of examination?	☒	☐
2	Hearing meets the standards in STCW Code Section A-I/9?	☒	☐
3	Unaided hearing satisfactory?	☒	☐
4	Visual acuity meets the standards in STCW Code Section A-I/9?	☒	☐
5	Colour vision meets the standards in STCW Code Section A-I/9?	☒	☐
	Date of last colour vision test:	05 OCT 2023	
6	Fit for look-out duty?	☒	☐
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?	☒	☐
8	No limitations or restrictions on fitness?	☒	☐
	If "no" specify limitations or restrictions		
9	Date of examination: (day/month/year)	05 OCT 2023	
10	Expiry of certificate: (day/month/year) ** Maximum two years from date of examination unless the seafarer is under the age of 18	04 OCT 2025	

05 OCT 2023

DR. MIR. MD. RAIHAN
MBBS (DU), DPM, CCD (Biom), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Date

Signature of Authorised
Medical PractitionerMedical Practitioner's Official stamp
(name, licence number, address etc)

I have been informed of the content of the certificate and of the right to a review.

Signature of Seafarer

* delete as appropriate



1 of 1

**MARITIME AND PORT AUTHORITY OF SINGAPORE
SHIPPING DIVISION**

M P A
SINGAPORE

RECORD OF MEDICAL EXAMINATIONS OF SEAFARER

Part A – to be completed by the Seafarer who is responsible for answering each question accurately.

Seafarer's Name : (Last, first, middle) (BLOCK CAPITALS) SIDDIQUE MO SHOE B		Gender: ☒ Male ☐ Female*
Date of Birth: day/month/year 11/10/1994	Place of Birth: PABNA	Nationality: BANGLADESHI
*Type of ID documents: NRIC No. for Singaporeans and PRs (e.g. SXXXX567A) / Passport No. for Foreigners: B0030 6368	Dept: ☒ Deck ☐ Engine / Catering / others Rank: 3/0	Type of ship: OIL TANTER
Home Address: Bonwarinagar, Faridpur, Pabna, Bangladesh.	Routine and emergency duties: Navigation, Cargo Ops.	Trading area: e.g. coastal / ☒ worldwide ☐ locally

*For identity verification purpose

Seafarer's Declarations (please tick)

Have you ever had any of the following conditions?

	Yes	No		Yes	No
1. Eye/vision problem		☒	18. Sleep problem		☒
2. High blood pressure		☒	19. Do you smoke, use alcohol or drugs?		☒
3. Heart/vascular disease		☒	20. Operation/surgery		☒
4. Heart Surgery		☒	21. Epilepsy/seizures		☒
5. Varicose veins/piles		☒	22. Dizziness/fainting		☒
6. Asthma/bronchitis		☒	23. Loss of consciousness		☒
7. Blood disorder		☒	24. Psychiatric problems		☒
8. Diabetes		☒	25. Depression		☒
9. Thyroid problem		☒	26. Attempted suicide		☒
10. Digestive disorder		☒	27. Loss of memory		☒
11. Kidney problem		☒	28. Balance problem		☒
12. Skin Problem		☒	29. Severe headaches		☒
13. Allergies		☒	30. Ear (hearing, tinnitus/nose/throat problem)		☒
14. Infectious / contagious diseases		☒	31. Restricted mobility		☒
15. Hernia		☒	32. Back or joint problem		☒
16. Genital disorder		☒	33. Amputation		☒
17. Pregnancy		☒	34. Fracture/dislocations		☒

If you answer "yes" to any of the above questions, please provide details:



Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a ship?		✓
36. Have you ever been hospitalized?		✓
37. Have you ever been declared unfit for sea duty?		✓
38. Has your medical certificate even been restricted or revoked?		✓
39. Are you aware that you have any medical problems, diseases or illnesses?		✓
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?	✓	
41. Are you allergic to any medication?		✓
42. Are you using any non-prescription or prescription medication?		✓

If you answer "yes", please list the medications taken, the purpose(s) and the dosage:

I hereby declare that the personal declaration above is a true statement to the best of my knowledge.

05.10.2023

Date



Signature of Seafarer

DR. MIR. MD. RAIHAN
 MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipp.ng Bangladesh Approved
 General Physician
 Radical Hospitals Limited.

Name and Signature of Witness

I hereby authorize the release of all my previous medical records (including my last Seafarer Medical Certificate) from any health professional, health institutions and public authorities to Dr. _____.

05.10.2023

Date



Signature of Seafarer

DR. MIR. MD. RAIHAN
 MBBS (DU), DPM, CCD (Birdem), PGT (Ophth)
 BMDC A-55144, MMC-BGD-016
 DG Shipp.ng Bangladesh Approved
 General Physician
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Name and Signature of Witness



Part B – Result of medical examinations

Eyesight

Use of glasses or contact lenses

☒ No

☐ Yes Type Purpose

Visual Acuity

Unaided			Aided		
Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant	6/6	6/6	Distant		
Near	6/6	6/6	Near		

Visual fields

	Normal	Defective
Right eye	/	
Left eye	/	

Colour Vision (please tick)

☐ Not tested ☒ Normal ☐ Doubtful ☐ Defective

Hearing

Pure tone and audiometry (threshold values in dB)				
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear	20	20	20	
Left ear	20	20	20	

Speech and whisper test (metres)

	Normal	Whisper
Right ear	/	
Left ear	/	

Clinical Findings

Height	175 (cm)	Weight	78 (kg)
Pulse rate	(per minute) 78	Rhythm	Regular
Blood Pressure Systolic (mm Hg)	120	Diastolic (mm Hg)	80
Urinalysis: Glucose	Nil	Protein:	Nil
		Blood:	Nil

	Normal	Abnormal
Head	/	
Sinus, nose, throat	/	
Mouth/teeth	/	



Ears (general)	/	
Tympanic membrane	/	
Eyes	/	
Ophthalmoscopy	/	
Pupils	/	
Eye movement	/	
Lungs and chest	/	
Breast examination	N/A	
Heart	/	
Skin	/	
Varicose Vein	/	
Vascular (inc. pedal pulse)	/	
Abdomen and viscera	/	
Hernia	/	
Anus (not rectal exam)	/	
G-U system	/	
Upper and lower extremities	/	
Spine (C/s, T/S, L/S)	/	
Neurologic (full/brief)	/	
Psychiatric	/	
General appearance	/	

Chest X-ray

☐ Not performed

☒ Performed on (day/month/year): **05 OCT 2023**

Results: Normal

Other diagnostic test(s) and result(s):

Test: Blank Hearing Results: Normal

Medical practitioner's comments and assessment of fitness, with reasons for any limitations.

FIT FOR DUTY ON BOARD SHIP

Assessment of fitness for service at sea (please tick)

On the basis of the seafarer's personal declaration, my clinical examination and diagnostic test results recorded above, I declare the seafarer medically:

☒ Fit for look out duty

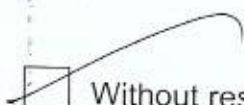
☐ Unfit for lookout duty

☐ Visual aid required

☒ Visual aid not required

	Deck Service	Engine Service	Catering Service	Other Service
Fit	/			
Unfit				





☒ Without restrictions

☐ With restrictions

Description of restrictions (e.g. specific position, type of ship, trading area etc.)

05 OCT 2023

Date

Signature of
Medical Practitioner

DR. MIR. MD. RAIHAN
MBBS (DU), DFM, CCD (Birdem), PGT (Ophth)
BMDC A-55144, MMC-BGD-016
DG Shipping Bangladesh Approved
General Physician
Radical Hospitals Limited.

Medical Practitioner's name, licence number, address

Access

Access



Id No : 23100174 **Date** : 05-Oct-2023 **D.Date** : 05-Oct-2023
Patient's Name : MD SHOEB SIDDIQUE **Age** : 28Y 11M 24 **Gender** : Male
Specimen : Blood
Doctor Name : Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM CDC NO:C/O/8119

Haematology Report

(Relevant estimations were carried out by Mythic-One Auto Haematology Analyzer & checked manually)

Parameter Name	Results	Reference Range
Hemoglobin (Hb)	12.9 gm/dl	M:13-18 gm/dl. F:11.5-16.5 gm/dl. Child:10-13 gm/dl. Infant: (One year):8-10 gm/dl.
ESR(Westergreen)	08 mm/1st hr	Male:0-10, F:0-20 mm/1st hr.
Total WBC Count(TC)	13,000 /cumm	Adult: 4000 - 11000/cumm. Children: 5,000-15,000/cumm Infant(One Year): 6,000-18,000/cumm
Differential WBC Count (DC)		
Neutrophils	86 %	Child: 25-66 %, Adult: 40-75 %
Lymphocytes	10 %	Child: 52-62 %, Adult: 20-50 %
Monocytes	02 %	Child: 03-07 %, Adult: 02-10 %
Eosinophils	02 %	Child: 01-03 %, Adult: 01-06 %
Basophils	00 %	Adult: 00-01 %
Total Cir. Eosinophils	260 /cumm	50-450/cumm
Total RBC Count	4.55 m/ul	M: 4.5-6.5, F:3.8-5.8 m/ul
HCT/PCV	36.1 %	M: 40-54%, F:37-47%
MCV	79.3 fL	76 - 94 fL
MCH	28.4 pg	27 - 32 pg
MCHC	35.7 g/dL	29 - 34 g/dL
RDW	14.9 %	11 - 16 %
PDW	14.2 fL	35 - 56 fL
Total Platelete Count (PC)	1,69,000 /cumm	150,000-450,000/cumm
MPV	9.3 fL	7.0 - 11.0 fL
PCT	0.139 %	0.1 - 0. %

Checked By 
 Medical Technologist


Dr. Sumaiya Khatun
 MBBS,MD(Gold Medalist) (BSMMU)
 Associate Professor
 Dept. Of Microbiology
 East West Medical College & Hospital.

Bill No	DIA23100174	Received Date	05/10/2023
Patient's Name	MD SHOEB SIDDIQUE	Patient's Sex	Male
Patient's Age	28Y 11M 24	Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM
Sample	BLOOD	CDC NO:	C/O/8119

BIOCHEMISTRY REPORT

Test Name	Result	Reference Range
Liver Function Test		
Serum Bilirubin (Total)	0.60 mg/dl	0.2 - 1.1 mg/dl
Serum ALT (SGPT)	25 U/L	Up to 40 U/L
Serum AST (SGOT)	22 U/L	Up to 37 U/L
Serum Alkaline Phosphatase	141 U/L	98 - 279 U/L

REMARKS (IF ANY)

IN VIEW OF THE LIVER FUNCTION TEST RESULT, HIS BLOOD IS FREE FROM TOXIC EFFECT OF CHEMICALS.

Checked By

[Signature]
Medical Technologist
Radical Hospitals Ltd.

[Signature]
Dr. Sumaiya Khatun
M BBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23100174	Received Date	05/10/2023
Patient's Name	MD SHOEB SIDDIQUE		
Patient's Age	28Y 11M 24	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8119
Sample	BLOOD		

SEROLOGICAL REPORT

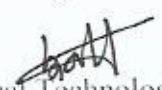
Test Name

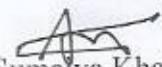
Result

HIV 1 & 2 (Method : (ICT)	Negative
HBsAg (Method : (ICT)	Negative
VDRL	Non-reactive


RADICAL
HOSPITAL
 LIMITED

Checked By


 Medical Technologist
 Radical Hospitals Ltd.


 Dr. Sumalya Khatun
 MBBS, MD (Microbiology)
 Associate Professor
 Dept. of Microbiology
 East West Medical College and Hospital

Bill No	DIA23100174	Received Date	05/10/2023
Patient's Name	MD SHOEB SIDDIQUE		
Patient's Age	28Y 11M 24	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8119
Sample	URINE		

URINE ROUTINE EXAMINATION

PHYSICAL EXAMINATION MICROSCOPIC EXAMINATION

Quantity	Sufficient	CELLS / HPF	
Color	Straw	R B C	Nil
Appearance	Clear	Pus Cells	0-1/HPF
Sediment	Nil	Epithelial	1-2/HPF

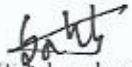
CHEMICAL EXAMINATION CASTS / LPF

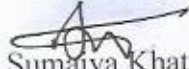
Reaction	Acidic	R B C	Nil
Albumin	NIL	W B C	Nil
Sugar	NIL	Epithelial	Nil
Ex.Phosphate	Nil	Granular	Nil
		Hyaline	Nil

ON REQUEST CRYSTALS & OTHERS

Bile Salt	Not Done	Urates	Nil
Bile Pigment	Not Done	Uric Acid	Nil
Ketones	Not Done	Calcium oxalate	Nil
Urobilinogen	Not Done	Amor. Phos	Nil
B.J. Protein	Not Done	Hippurate crystal	NIL

Checked By


Medical Technologist
Radical Hospitals Ltd.


Dr. Sumaiya Khatun
MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital



Bill No	DIA23100174	Received Date	05/10/2023
Patient's Name	MD SHOEB SIDDIQUE		
Patient's Age	28Y 11M 24	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		CDC NO:C/O/8119
Sample	URINE		

DRUG ABUSE TEST

METHOD: Immunochromatographic Assay (Rapid one Step Test)

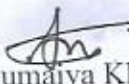
Test Name	Result
-----------	--------

Drug Level of Urine

Cocaine	Negative
Morphine	Negative
Marijuana	Negative
Barbiturates	Negative
Amphetamines	Negative
Phencyclidine	Negative
Alcohol	Negative
Benzodiazepines	Negative
Methadone	Negative
Propoxyphene	Negative

Checked By


Medical Technologist
Radical Hospitals Ltd.


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MBBS, MD (Microbiology)
Associate Professor
Dept. of Microbiology
East West Medical College and Hospital

Bill No	DIA23100174	Received Date	05/10/2023
Patient's Name	MD SHOEB SIDDIQUE		
Patient's Age	28Y 11M 24	Patient's Sex	Male
Ref. by	Dr. Mir Md. Raihan MBBS, (DU), CCD (BIRDEM), PGT (Eye), DFM		CDC NO: C/O/8119
Sample	BLOOD		

CHEMICAL TEST

TEST NAME

RESULTS

CARCINOGENIC	NORMAL
ISOCYANATE	NORMAL
VINYL ACETATE	NORMAL
EPICHLOROHYDRIN	NORMAL
PHENOLS CRESOLS	NORMAL

Checked By


 Medical Technologist
 Radical Hospitals Ltd.


 Dr. Sumaiya Khatun
 MBBS, MD (Microbiology)
 Associate Professor
 Dept. of Microbiology
 East West Medical College and Hospital

DEPARTMENT OF RADIOLOGY & IMAGING

ID. No.	: 23100174	Receive:05/10/2023	Print: 05/10/2023
Patient's Name	: MD SHOEB SIDDIQUE		
Age	: 28 Yrs	Sex	: M
Refd. by	: Dr. Mir Md. Raihan MBBS,(DU),CCD(BIRDEM),PGT(Eye),DFM		

X-RAY OF CHEST (DIGITAL)

Diaphragm : Both hemidiaphragm are normal in position.
C-P angles are clear.

Heart : Normal in T.D.

Lung : Lung fields are clear.

Bony thorax : Reveals no abnormality.

Comments : Normal chest skiagram.

Mr

Prof. Dr. Md. Mojibor Rahman
MBBS, DMRD (Radiology & Imaging)
Head of the Department (Radiology & Imaging)
Sylhet Women's Medical College Hospital

Date: 05/10/2023

EYE EXAMINATION REPORT

NAME:	MD SHOEB SIDDIQUE		
AGE:	28 YRS	RANK: 3 RD OFF	CDC NO:C/O/8119

VISUAL ACUITY:

RIGHT

LEFT

UNAIDED

6/6 6/6

AIDED

COLOUR VISION: NORMAL / ~~BLIND~~

OPINION : ~~UNFIT~~ / FIT FOR EMPLOYMENT ON BOARD



Dr. Mir Md. Raihan
MBBS, PGT (Ophthalmology)
Assistant Registrar (EX)
East west Medical College & Hospital

AUDIOLOGICAL REPORT

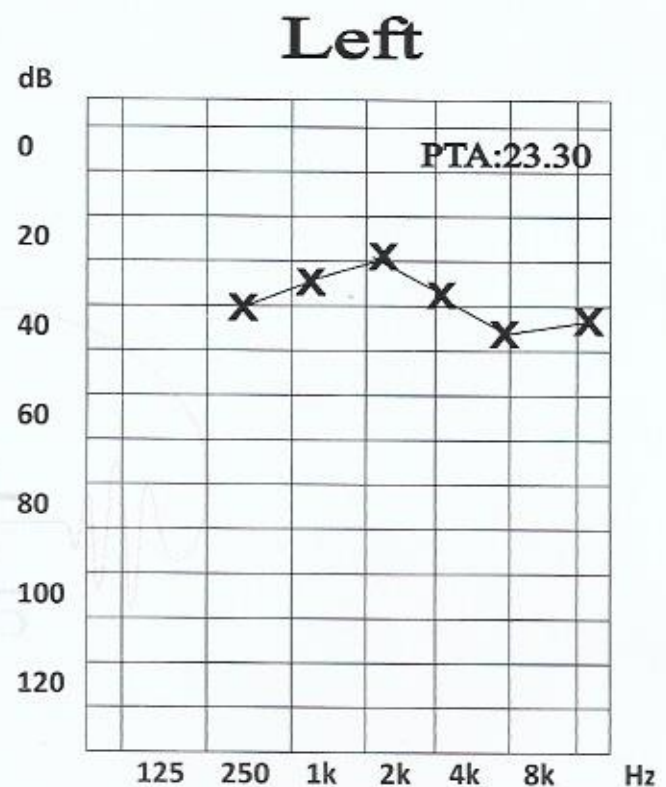
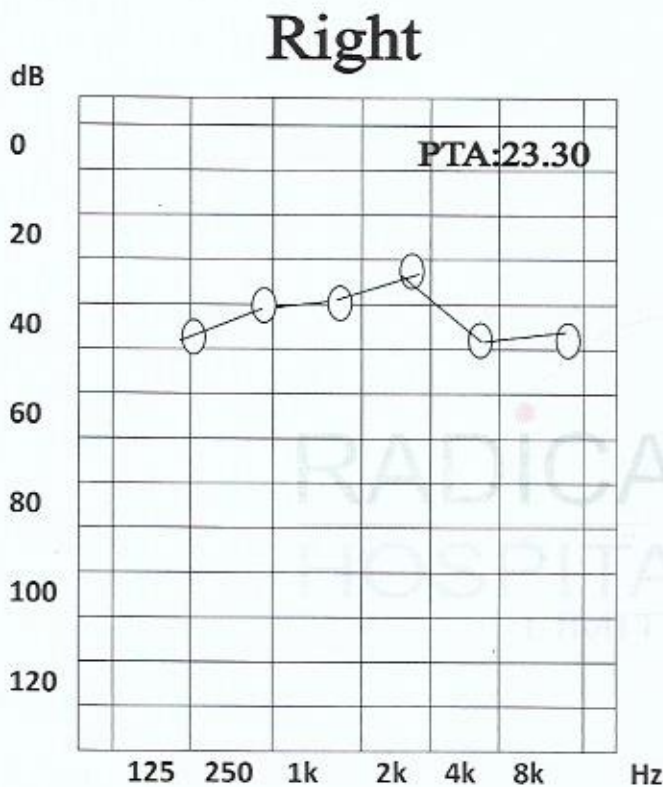
Patient Name : MD SHOEB SIDDIQUE

05/10/2023

Age : 28 Yrs

Address : RHL, UTTARA

Referred By : Dr. Mir Md. Raihan , MBBS,(DU), DFM



0-25= Normal Hearing.
26-40= Mild Hearing Loss.
41-55= Moderate Hearing Loss.
56-70= Moderately Severe Hearing Loss.
71-90= Severe Hearing Loss.
91-120= Profound Hearing Loss.

	Right Ear	Left Ear
Air Unmasking OX		
Bone Unmasking		
Air Masking OX		
Bone Masking ΔΔ		

Remark's:-

Right Ear: Normal Hearing.

Left Ear: Normal Hearing.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST CHOLERA
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LE CHOLERA**

This is to certify that **MD. SHOEB SIDDIQUE** date of birth **11/10/1994** Sex **Male**
JE Soussigne' (e) certifie que _____ no' (e) le _____ sexe _____

Whose signature follows _____
dont la signature suit _____

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contra le typhoïde jaune a la date indiquee.

1	Date 25 SEP 2021	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
2		DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

3	Date 05 OCT 2023	Signature and professional Status of Vaccinator Signature et qualite profess- sionelle vaccinateur	Approved Stamp Cachet d'authentification
		DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Physician Radical Hospitals Limited.	 ORAL CHOLERA "DUKORAL" Valid Upto 2 yrs

The validity of this certificate shall extend for a period of two years, beginning six days after the first injection of vaccine or in the event of revaccination within such period of two years, on the date of that revaccination.

Notwithstanding the above provision in the case of a pilgrim, this certificate shall indicate that two injections have been given at an interval of seven days and its validity shall commence from the date of the second injection.

The approved stamp mentioned above must be in a form prescribed by the health administration of the territory in which the vaccination is performed.

Any amendment of this certificate or erasure or failure to complete any part of it, may render it invalid.

La validite de ce certificate couvre une periode de six mois commençant six jours apres la premiere injection du vaccin ou, dans le cas d'une revaccination, au cours de cette periode de six mois jour de cette revaccination.

Nonobstant les dispositions ci-dessus dans le cas d'un pelerin le present certificate doit faire mention de deux injections partielles a sept jours d'intervalle et sa validite commencera le jour de la seconde injection.

De cachet d'authentification doit etre conforme au modele present per l'administration sanitaire du territoire ou la vaccination est effectuee.

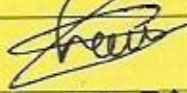
Toute correction ou rature sur le certificate ou l'omission d'une quelconque des mentions qui il comporte peut en affecter la validite.

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION
AGAINST YELLOW FEVER
CERTIFICAT INTERNATIONAUX DE VACCINATION OU DE REVACCINATION
CONTRE LA FIEVRE JAUNE**

This is to certify that MD. SHOFB SIDDIQUE date of birth 11/10/1994 Sex Male
JE Soussigne (e) certifie que _____ no (e) le _____ sexe _____

Whose signature follows _____
don't la signature suit _____

has on the Date indicated been vaccinated or revaccinated against cholera
a e'te' vaccine (e) ar revaccine' (e) contre le fievre jaune a la date indiquee.

Date	Signature and professional Stahtus of Vaccinator Signature et titre du vaccinateur	Manufacturer and batch no of vaccine Fabricant du vaccin et nume' ro du lot	Official sump of vaccinating centre Cachet officiel du centre de vaccination
25 SEP 2021	 DR. MIR. MD. RAIHAN MBBS (DU), DFM, CCD (Birdem), PGT (Ophth) BMDC A-55144, MMC-BGD-016 DG Shipping Bangladesh Approved General Practitioner		
3			
4			

This certificate is valid only if the vaccine used has been approved by the world health organization and vaccinating centre has been designated by health administration for the territory in which that centre is situated.

The validity of this certificate shall extend for a period of ten years, beginning in days after the date of vaccination or in the event of a revaccination within such period often years, from the date of the revaccination.

This certificate must be signed by a medical practitioner in his own hand; his official stamp is not an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

Ce certificat n'est valable que si le vaccin employe a ete approuve par l'organisation Mondiale de la sante et si le centre a ete designe par l'administration de sante publique pour le territoire sanitaire duquel ce centre est situe;

La validite de ce certificat couvre une periode de dix ans commençant dix jours après la date de la vaccination ou, dans le cas d'une revaccination, à compter de la date de la revaccination.

Ce certificat doit être signé par le médecin de sa propre main, son cachet officiel ne pouvant être considéré comme remplaçant le lieu de signature.

Toute correction ou rature sur le certificat ou l'omission d'une quelconque des mentions qu'il comporte peut affecter sa validité.